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FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED FEC MAIL OPERATIONS CENTER

7005 JUL -6 ₱ 12: 14

Office use only

1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typying, typover the lines	1 12FE4M5	Emple and the second
Forward Together PAC	<u> </u>	<u> </u>		
<u> </u>	<u> </u>			لسنسسي
ADDRESS (number and street)	6849 Old Dominion D)rive 		
(Check if address	Suite 222	<u> </u>	<u>. </u>	
ls changed)	McLean	<u>, ; , , , , , , , , , , , , , , , , , ,</u>	ا كا ا	22101
COMMITTEE'S E-MAIL ADDRES	:0	CITY	STATE	ZiP CODE 📥
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COMMITTEE'S WEB PAGE ADD	RESS (URL)	<u> </u>		<u> </u>
1	A 1 ()			
COMMITTEE'S FAX NUMBER				
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2. DATE H M / D O	6 ' 2005 Y			
3. FEC IDENTIFICATION NUM	ABER	C	· · · · · · · · · · · · · · · · · · ·	
4. IS THIS STATEMENT X	NEW (N) OR	AMENDED	(A)	
in the second se		WIGE.		
I certify that I have examined this Sta	atement and to the best of my kno	owledge and bellef it is true, c	orrect and complete	
	Serald S-McGoy	wan		
Type or Print Name of Treasurer		James		
Signature of Treasurer	Tru	7	Date 0.7	0,6 2,0,0,5
NOTE: Submission of false, erroneo	us, or incomplete information ma			s of 2 U.S.C. \$437g,
Office		For further Infor		FEC FORM 1
Use Only		Toll Free 800-424	4-9530	(Revised 02/2003)

5.	TYPE OF CO	MMITTEE (Check One)					
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)					
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
	Name of Candidate	\ <u></u>					
	Candidate Party Affiliatio	Office Senate President District					
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate						
	(d) [(National, State (National, State (Democratic, Republican, etc.) Party.					
	(e)	This committee is a separate segregated fund					
	(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.					
3 .	Name of Any	y Connected Organization or Affiliated Committee					
l	None						
_ 							
_	14-10 Addres	1					
	Malling Addre	ess					
		CITY≜ STATE A ZIP CODE ▲					
	Relationship	<u> </u>					
	Type of Conn	nected Organization:					
	Corp	oration Corporation w/o Capital Stock Labor Organization					
		nbership Organization Trade Association Cooperative					

Write or Type Committee Name

Forward Togeth								
Custodian of Reco possession of Co		name, address, (phone numb nd records.	er optional), i	and position of th	ie person in			
Full Name	Lestie J. Kerma	I n 	<u> </u>	1 1 1 1 1				
Mailing Address		6849 Old Dominion Drive						
		Suite 222						
		McLean		<u></u>	22101	- <u></u>		
Title or Position ♥		CITY A		STATE▲	ZIP CO	DE A		
Assistant Treasu				571 number	633	9741		
Full Name of Treasurer	Gerald S. McGo		surer).					
of Treasurer _	• -				<u>-</u>	- · · · · · · · · · · · · · · · · · · ·		
	• -	owan			<u> </u>			
of Treasurer _	• -	owan 1650 Tysons Boulevar	d		22102			
of Treasurer _	• -	owan 1650 Tysons Boulevar Suite 1500	d	VA STATE A	22102 ZIP CO			
of Treasurer	• -	owan 1650 Tysons Boulevar Suite 1500 McLean	d	STATE A				
of Treasurer	Gerald S. McGo	1650 Tysons Boulevar Suite 1500 McLean	d .	STATE A	ZIP CO	DDE &		
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of Treasurer	Gerald S. McGo	Suite 1500 McLean CITY A 6849 Old Dominion Dri	Telephone	STATE A	ZIP CO	DDE &		
of Treasurer	Gerald S. McGo	1650 Tysons Boulevar Suite 1500 McLean CITY A	Telephone	STATE A 703	ZIP CC	8678		

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of Armerica

1369 Chain Bridge Road

Mailing Address

McLean

VA

22101 j —

CITY A

STATE A

ZIP CODE A

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.

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Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
92-	7/6/05
PREPARER	DATE PREPARED

(3/2005)